

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>110517</u>	2. Fiscal Year Covered From: <u>11/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>DANIEL R. WELCH</u> P.O. Box, Bldg., Room No., if any Street <u>2001 N. MAYFAIR RD</u> City <u>MILWAUKEE</u> State <u>WISCONSIN</u> ZIP Code + 4 <u>53226</u>	4. Name, file number, and address of labor organization. Name <u>UFCW LOCAL 1444</u> Labor Organization File Number <u>057-079</u> P.O. Box, Building and Room Number, if any Street <u>2001 N. MAYFAIR RD</u> City <u>MILWAUKEE</u> State <u>WISCONSIN</u> ZIP Code + 4 <u>53226</u>
5. Position in labor organization. 	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Daniel R. Welch

On

8/11/05

Date

414-476-1444

Telephone Number

Name of Person Filing

DANIEL R. WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MARK HAWTHORNE

Trade Name, if any: ROBERT W. BARR, CO

P.O. Box, Bldg., Room No., if any

Street 777 E. WISCONSIN AVE

City MILWAUKEE

State WISCONSIN ZIP Code + 4 53200

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFEW UNIONS + EMPLOYERS PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RD

City MILWAUKEE

State WISCONSIN ZIP Code + 4 53226

11.a. Nature of such dealing.

2 Milwaukee Bucks Tickets

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

DANIEL R WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BILL SUPPTETrade Name, if any: BOSTON PARTNERS ASSET MGMT.

P.O. Box, Bldg., Room No., if any

Street 28 STATE ST 20TH FLOORCity BOSTONState MA ZIP Code + 4 02109-1775

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name AFW UNIONS + EMPLOYEES PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RDCity MILWAUKEEState WI ZIP Code + 4 53226

11.a. Nature of such dealing.

5/10/04 DINNER

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

DANIEL R. WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBERT CARR, JRTrade Name, if any: FIDUCIARY MANAGEMENT ASSOC

P.O. Box, Bldg., Room No., if any

Street 55 W. MONROE ST SUITE 2550City CHICAGOState IL ZIP Code + 4 60603-5093

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW UNIONS + EMPLOYEES PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RDCity MILWAUKEEState WI ZIP Code + 4 53226

11.a. Nature of such dealing.

GOLF 6/16/04

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

DANIEL R. WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name JIM ASHLAND

Trade Name, if any: FREYBERG, HUNKLE, ASHLAND

P.O. Box, Bldg., Room No., if any

Street 15420 W. CAPITOL DR.

City BROOKFIELD

State WI ZIP Code + 4 53005-2621

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW UNIONS + EMPLOYEE PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RD

City M. WAUKESHA

State WI ZIP Code + 4 53226

11.a. Nature of such dealing.

6/23/04 GOLF OUTING

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

DANIEL R. WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NORM SIOLETrade Name, if any: NATIONAL INVESTMENT SERVICESP.O. Box, Bldg., Room No., if any P.O. Box 10842

Street

City CHICAGO, ILState IL ZIP Code + 4 60610-0842

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW UNIONS + EMPLOYERS REGIONAL LAB

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RDCity MILWAUKEEState WI ZIP Code + 4 53226

11.a. Nature of such dealing.

GOLF 8/13/04

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

DANIEL R WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE MAS KUNKTrade Name, if any: REINHARDT, BOERNER, VANDEWEGE

P.O. Box, Bldg., Room No., if any

Street 1000 N. WATER STCity MILWAUKEEState WI ZIP Code + 4 53202

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW UNIONS & EMPLOYERS PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N MAYFAIR RDCity MILWAUKEEState WI ZIP Code + 4 53226

11.a. Nature of such dealing.

GOLF 8/28/04

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

DANIEL R. WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TIM GRITINGER

Trade Name, if any: US BANK

P.O. Box, Bldg., Room No., if any

Street 777 E. WISCONSIN AVE

City MILWAUKEE

State WI ZIP Code + 4 53202

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFWU UNIONS + EMPLOYERS PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RD

City MILWAUKEE

State WI ZIP Code + 4 53226

11.a. Nature of such dealing.

PACKER TICKETS (2) 10/11/04

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Daniel R. Welch

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name USFWS UNIONS + EMPLOYEES PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RD

City MILWAUKEE

State WISCONSIN ZIP Code + 4 53226

11.a. Nature of such dealing.

INTERNATIONAL FOUNDATION OF
EMPLOYEE BENEFIT PLANS
EDUCATIONAL CONFERENCE

11.b. Approximate dollar value of such dealing.

\$2,000.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

DANIEL R. WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CHARLES HEIZER

Trade Name, if any: ARK ASSET MANAGEMENT

P.O. Box, Bldg., Room No., if any

Street 1 NEW YORK PLAZA - 20TH FLOOR

City NEW YORK

State NEW YORK ZIP Code + 4 10004

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFW UNIONS & EMPLOYERS PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RD

City MILWAUKEE

State WI ZIP Code + 4 53226

11.a. Nature of such dealing.

12/1/04 Dinner

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

DANIEL R. WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BILL SUPPLE

Trade Name, if any: BOSTON METEAS ASSET MGT

P.O. Box, Bldg., Room No., if any

Street 28 STATE ST 20TH FLOOR

City BOSTON

State MA ZIP Code + 4 02109-1775

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW UNION + EMPLOYEES PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RD

City MILWAUKEE

State WI ZIP Code + 4 53226

11.a. Nature of such dealing.

DINNER 12/2/04

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

DANIEL R. WELCH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBERT CARR

Trade Name, if any: FIDUCIARY MANAGEMENT ASSOC.

P.O. Box, Bldg., Room No., if any

Street 55 W. MONROE ST SUITE 2550

City CHICAGO

State IL ZIP Code + 4 60603-5092

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UICUW UNIONS + EMPLOYERS PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RD

City MILWAUKEE

State WI ZIP Code + 4 53226

11.a. Nature of such dealing.

DINNER 12/3/04

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

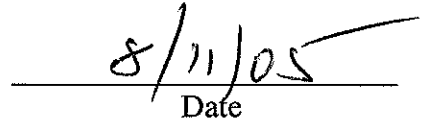
13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.


Signature


Date